

**AFFIDAVIT IN SUPPORT OF APPLICATION  
TO SEAL OR REDACT PERSONAL INFORMATION FROM  
RECORDS OF THE COUNTY RECORDER, ASSESSOR AND TREASURER**

I, \_\_\_\_\_, make the following statements under oath:  
Full Legal Name

1. I am (*check the description that applies to you*):

☐ employed as a justice, as defined by A.R.S. §11-483(N)(4)

☐ employed as a judge, as defined by A.R.S. §11-483(N)(3)

☐ employed as a commissioner, as defined by A.R.S. §11-483(N)(1)

☐ employed as a peace officer, as defined by A.R.S. §11-483(N)(5)

☐ employed as a prosecutor, as defined by A.R.S. §11-483(N)(6)

☐ employed as a public defender, as defined by A.R.S. §11-483 (N)(7)

My residential address, phone number and other identifying numbers relating to my home are:

Street Address	City	State	ZIP Code	Phone Number
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Full Legal Description	Book Number and Map Number
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Parcel Number

2. I am employed by \_\_\_\_\_  
Organization Name

Street Address	City	State	ZIP Code
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3. My current job duties include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I believe that my life or safety, or that of my family or other persons living at my residence, is in danger of physical harm for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Sealing of my residential mailing address and telephone number contained in the records of the County Recorder, County Assessor and County Treasurer will serve to reduce the danger by:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

6. (Optional) Immediate action is requested for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

7. The document locator number and date of recordation of each instrument for which the affiant requests access restriction pursuant to A.R.S. §§11-483 and 11-484 are as follows. Affiant has attached a copy of pages from each instrument that show the document locator number, and either the affiant's full legal name and address or the affiant's full legal name and telephone number:

Document Locator Number	Date of Recordation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Date

State of Arizona )  
 ) ss.  
County of \_\_\_\_\_ )

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_

My Commission expires: \_\_\_\_\_  
Notary Public